



# Kentucky Division of Emergency Management

## COURSE EVALUATION



Instructor Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Course: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

*Please circle the appropriate numbers and return evaluation to the instructor.*

	Low		Avg		High
1) Were the facilities adequate for this class?	1	2	3	4	5
Lighting	1	2	3	4	5
Temperature	1	2	3	4	5
Distractions (outside noise, classroom acoustics)	1	2	3	4	5
Classroom size	1	2	3	4	5
2) Was the course material adequate for this class?	1	2	3	4	5
3) Was there enough time for the presentation of this course?	1	2	3	4	5
4) Was the instructor prepared to teach the class?	1	2	3	4	5
5) Was the instructor knowledgeable of the material?	1	2	3	4	5
6) Did the instructor present the objectives the course?	1	2	3	4	5
7) Did the course hold your interest?	1	2	3	4	5
8) Did the test match the objectives of the course?	1	2	3	4	5

9) Did you perform a skills test? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

10) What did you like about this course? \_\_\_\_\_

\_\_\_\_\_

11) What did you dislike about this course? \_\_\_\_\_

\_\_\_\_\_

12) What would you do to improve this course? \_\_\_\_\_

\_\_\_\_\_

13) Additional Comments. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for participating in the Kentucky Division of Emergency Management Training!*